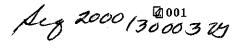
MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEES





CFR 101 REV 5/98

TYPE OR PRINT CLEARLY, AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION ON THE FORM CHANGES. SEE INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES. FOR OFFICIAL USE ONLY 00136774-50 1. Committee Identification No. c. Date Change(s) Took Place CITIZENS TO ELECT STEPHEN M. b. Amendment to Item(s)# a. 🗵 Original 2. Type of Filing M 3. Full Name Of Committee M.I. TEPHEL First Name KRULL 4. Candidate Last Name 4b. Political Party (If applicable) MACOMB 4a. County of Residence_ 4c. Driver License # (Optional) K-640-777-603-298 4d. Office Sought: (Check one) State Board of Education ☐ Secretary of State ☐ State Representative ☐ State Senator Court of Appeals ☐LI. Governor Attorney General ☐ Governor ☐ Bd of Trustees MSU ☐ Bd of Gov WSU Circuit Court ☐ Supreme Court Justice ☐ Bd of Regents UM □ Detroit Recorders Court Probate Court ALocal or Other (Please Specify) CHESTER FIELD TOWNSHIP TRUSTEE District Court 4e. District # or Jurisdiction 6. Committee Area Code and Phone Number 810-598-5663 5. Date Committee Was Formed Ø4-17-00 (Mo/Day/Yr) 7a. Committee Street Address (May not be P. O. Box) 7. Committee Mailing Address (May be P. O. Box) Include Zip Code 52924 BURGESS DRIVE CHESTERFIELD TOWNSHIP, MI 48047 9. <u>Designated Recordkeeper</u>. Name and address of the person (other than the treasurer) who will be responsible for the committee's records and 8. Treasurer. Name and Mailing Address of Committee Treasurer (Last Campaign Statement filings. If committee treasurer will handle these Name, First Name, Middle Initial. Please Include Zip Code.) KRULL, STEPHEN H.
52924 BURGESS DRIVE responsibilities, leave this item blank. 202 202 CHESTERFIELD TOWNSHIP, MIT 48047 Driver License # (Optional) ** Area Code and Phone Driver License # (Optional) Area Code and Phone K.640-777-603-298 10. A REPORTING WAIVER The committee does NOT expect to receive or expend in excess of \$1,000.00 in an election. The Reporting Waiver will be 810-598-5863 automatically lost if the committee exceeds the \$1,000 threshold. (Direct and in-kind contributions, expenditures and outstanding debt count against the \$1,000.00 Reporting Waiver threshold.) Funds left over from one election count toward the " amount received" for the next election. Please note: If a request for a Reporting Waiver is not received on or before the filing deadline of a required Campaign Statement, that Campaign Statement 12. This item applies only to a Gubernatorial cannot be waived. 11. Names and Addresses of depositories or intended depositories of committee funds. Candidate Committee. 112. Official Depository: FATHER MURRAY FEDERAL CREDIT WHICH BY THE MILE ROAD
11b. Secondary Depository: CENTERLINE, MI 48015 ☐ Check if this committee intends to seek qualifying contributions for public funding. 13. Verification: IWe certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of mylour knowledge or belief. Date Year Mo. Day Current Signature Treasurer_ Type or Print Name 05 STEPHEN M. KRULL
Type or Print Name Date Year Day